



**BALTIMORE CITY HEALTH DEPARTMENT
FIELD HEALTH SERVICES**

**211 East 25th Street
Baltimore, Maryland 21218**

**Voice # (Business Hours) : (410) 396-7433
Paging # (Nights/Weekends) : (410) 396-5852
Fax Number : (410) 545-3011**

Provider Certification for Medical Assistance Air Transportation

Patient's 11-digit MA #	
Patient's Name (Last, First, MI)	Date of Birth
Patient's Address	Telephone Number
Patient's Address	Zip Code

Transfer Information (*PLEASE PRINT LEGIBLY*):

Sending Facility	Accepting Facility
Name of Hospital	Name of Hospital
Address of Hospital	Address of Hospital
Referring Department	Accepting Department
Referring Physician	Accepting Physician

Primary Diagnosis and Reason for Transfer (*PLEASE PRINT LEGIBLY*):

Diagnosis	
Resources Needed	<input type="radio"/> PICU <input type="radio"/> TRAUMA – Level ____ <input type="radio"/> Other (specify): <input type="radio"/> NICU <input type="radio"/> PERINATAL/NEONATAL – Level ____
<input type="radio"/> Yes <input type="radio"/> No	Is this resource available at the sending facility?
<input type="radio"/> Yes <input type="radio"/> No	Is the patient being transferred to the closest available facility which has this resource? If not, why not:
<input type="radio"/> Yes <input type="radio"/> No	Is the patient stable?
Level of Service Required	<input type="radio"/> BLS <input type="radio"/> SPECIALTY CARE <input type="radio"/> ALS <input type="radio"/> PERINATAL / NEONATAL ("Specialty Care" means the patient is vented, or requires medication or specialty skills outside the local EMS protocols.)
<input type="radio"/> Yes <input type="radio"/> No	In your professional medical opinion, is ground transport absolutely contraindicated? If so, why:

Provider Certification: by signing this form, you are certifying:

- In your professional medical opinion, the services described are medically necessary and are covered services under the Maryland Medical Assistance Program.**
- You understand that misrepresentation or falsification of essential information which leads to inappropriate payment may be subject to investigation and sanction and/or penalty under applicable Federal and/or State law.**

Signature of Physician	Date Signed	PRINTED NAME of Physician
9-Digit Medical Assistance Provider Number or NPI		PRINTED Address
		Telephone Number